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APPLICANTS

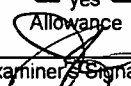
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature:  Initials: _____				

ADDRESS

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TITLE

Discrimination of atrial fibrillations for an active implantable medical device, in particular a defibrillator/cardioverter

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 870		<input type="checkbox"/> 1.16 Fees (Filing)
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